BLOCK 552.01 LOT 18.01 QUALIFICATION CODE _____ ADDRESS (SITE) 2545 HOOPER AVENUE PERMIT NO. 17-3298

CONSTRUCTION PERMIT APPLICATION (17-664654)

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 2545 HOOPER AVENUE BRICK, NJ 08723 CVS
2. Name of Owner in Fee: BOTTAZZI'S REDLION TAVERN INC%02284
   Tel. 732-840-1604 - 4 - 2 e-mail _____ Manager
   Address 1 CVS DRIVE (street) WOONSOCKET (municipality) RI (zip code) 02895
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: ACTION PLUMBING INC. Tel. (856) 985-9909
   Address 7 EAST STOW ROAD e-mail _____
   MARLTON, NJ 08053
   License No. OR, if new home, Builder Reg. No. 10300 Exp. Date 06/30/2019
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 223457434 FAX: (856) 985-2570
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun ACTION PLUMBING INC.
   Tel. (856) 985-9909 FAX: (856) 985-2570

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		150	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		2	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	152	

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building, State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

COMMERCIAL

IIa. PROPOSED WORK

- ☐ Minor Work
- ☒ Repair (Backflow)
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☒ Plumbing	998				9/14/17				
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$998								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____ _____
   Gained, Rental _____ _____
   Lost, Sale _____ _____
   Lost, Rental _____ _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Presen Select Group

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

Ap Plumber

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/5/2018
Control Number C-17-004054
Permit Number 17-3298
Permit Issue Date 10/4/2017
Certificate Number 17-3298

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2545 HOOPER AVE. Brick Township, NJ Block: 552.01 Lot: 18.01 Qual:

Owner in Fee: BOTTAZZI'S REDLION TAVERN INC%02284

Owner Address: 1 CVS DRIVE WOONSOCKET RI 02895

Telephone:

Contractor A Action Plumbing

Address 7 EAST STOW ROAD Marlton NJ 08053

Telephone: (856) 985-9909 Fax: (856) 985-2570

License Number or Builders Registration Number: Federal Emp. Number: 22-3457434

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: BACKFLOW PREVENTER - - CVS ...INSTALL NEW BACKFLOW PREVENTER

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor.

Agent Name A-ACTION PLUMBING

Address 7 EAST STOW ROAD

MARLTON, NJ 08053

Telephone (856) 985-9909

Signature Michael J. O'Hara

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Action Plumbing Inc.

Picture 1 of 3 For WIP: 2769-13798

ACTION PLUMBING

NEWWA Backflow Prevention Device Assembly Test Report Form

OWNER OF PROPERTY: CVS 2284
MAILING ADDRESS: 2545 Hooper Ave
(TOWN) Brick (ZIP) NJ
CONTACT PERSON: Manager
DEVISE ADDRESS: Same
(TOWN) (ZIP)
EXACT DEVICE LOCATION: stockroom - Irrigation
DEVICE IDENTIFICATION #: Midwest 845
TEST KIT SERIAL #: 05110769 CALIBRATION DATE: 6-23-17

DATE: 8-16-17 TIME:
TESTED BY: Howard W Salmon
CERTIFICATE #: 10488
RPZ [X] DCVA [ ] PVB [ ] SRVB [ ]
MAKE: Watts MODEL NO.: 009
SIZE: 1" SERIAL NO.: 112386
METER #:

TEST AFTER INSTALLATION [X]
TEST AFTER REPAIR [ ]
ANNUAL TEST [ ]

REDUCED PRESSURE BACKFLOW PREVENTION DEVICE ASSEMBLY (RPZ)					PVB or SRVB	
CHECK VALVE NO. 1	CHECK VALVE NO. 2	STATIC FLOW CONFIRMED	RELIEF VALVE	CHECK VALVE NO. 2	CHECK VALVE	STATIC FLOW CONFIRMED
CLOSED TIGHT [X] LEAKED [ ]	CLOSED TIGHT [X] LEAKED [ ]	YES [X] NO [ ] OTHER [ ]	DID NOT OPEN [ ] OPENED AT			YES [ ] NO [ ] OTHER [ ]
8.0 PSID			3.0 PSID	1.8 PSID	PSID	

DOUBLE CHECK VALVE DEVICE ASSEMBLY (DCVA)			AIR INLET VALVE
CHECK VALVE NO.1	CHECK VALVE NO.2	STATIC FLOW CONFIRMED	OPENED AT PSID
PSID	PSID	YES [ ] NO [ ] OTHER [ ]	DID NOT OPEN [ ]

AT THE TIME OF TEST, THE DOWNSTREAM SHUT-OFF VALVE WAS: CLOSED TIGHT [X] LEAKED [ ] OTHER [ ]

LINE PRESSURE 75 PSI — PROTECTION TYPE: SERVICE LINE [ ] FIRE SERVICE LINE [ ] INTERNAL DOMESTIC PLUMBING SYSTEM [X]

Howard W Salmon
SIGNATURE OF CERTIFIED TESTER

PASS [X] FAIL [ ] OTHER [ ]

TEST WITNESSES BY:	REMARKS
WATER WORKS OFFICIAL:	
OWNER AGENT:	
STATE OFFICIAL:	SERVICE RESTORED [X]

BP-18-0015

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 10/4/17

Date Issued: 10/5/2017
Permit # [illegible]

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 552.01 Lot 18.01 Qualification Code

Work Site Location 2545 HOOPER AVENUE CVS
BRICK, NJ 08723

Owner in Fee: BOTTAZZI'S REDLION TAVERN INC%02284

Tel. e-mail

Address 1 CVS DRIVE (street) WOONSOCKET, RI (municipality) 02895 (zip code)

Contractor: ACTION PLUMBING INC. Tel. (856) 985-9909

Address 7 EAST STOW ROAD e-mail
MARLTON, NJ 08053

Contractor License No. 10300 Exp. Date 06/30/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223457434 FAX: (856) 985-2570

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 998

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9-14-17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6-18-18
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			6-15-18	

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: Michael F. O'Hara

Print name here: MICHAEL F. O'HARA

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL, TEST & CERTIFY 1 NEW 1" BACKFLOW DEVICE.

COMMERCIAL

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F130 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Action Plumbing Inc.

Picture 1 of 3 For WIP: 2769-13798

ACTION PLUMBING

NEWWA Backflow Prevention Device Assembly Test Report Form

OWNER OF PROPERTY CVS 2284
MAILING ADDRESS 2545 Hooper Ave
Brick NJ 08724
(TOWN) (ZIP)

CONTACT PERSON Manager
DEVISE ADDRESS Same
(TOWN) (ZIP)

EXACT DEVICE LOCATION stockroom - Irrigation
DEVICE IDENTIFICATION # Midwest 845
TEST KIT SERIAL # 05110769 CALIBRATION DATE 6-23-17

DATE 8-16-17 TIME
TESTED BY Howard W Solomon
CERTIFICATE # 10488
RPZ [X] DCVA [ ] PVB [ ] SRVB [ ]
MAKE Wafts MODEL NO. 009
SIZE 1" SERIAL NO. 112386
METER #

TEST AFTER INSTALLATION [X]
TEST AFTER REPAIR [ ]
ANNUAL TEST [ ]

REDUCED PRESSURE BACKFLOW PREVENTION DEVICE ASSEMBLY (RPZ)					PVB or SRVB	
CHECK VALVE NO. 1	CHECK VALVE NO. 2	STATIC FLOW CONFIRMED	RELIEF VALVE	CHECK VALVE NO. 2	CHECK VALVE	STATIC FLOW CONFIRMED
CLOSED TIGHT [X]	CLOSED TIGHT [X]	YES [X]	DID NOT OPEN [ ]			YES [ ]
LEAKED [ ]	LEAKED [ ]	NO [ ]	OPENED AT			NO [ ]
8.0 PSID		OTHER [ ]	3.0 PSID	1.8 PSID	____ PSID	OTHER [ ]

DOUBLE CHECK VALVE DEVICE ASSEMBLY (DCVA)			AIR INLET VALVE
CHECK VALVE NO.1	CHECK VALVE NO.2	STATIC FLOW CONFIRMED	OPENED AT ____ PSID
____ PSID	____ PSID	YES [ ] NO [ ] OTHER [ ]	DID NOT OPEN [ ]

AT THE TIME OF TEST, THE DOWNSTREAM SHUT-OFF VALVE WAS: CLOSED TIGHT [X] LEAKED [ ] OTHER [ ]

LINE PRESSURE 75 PSI — PROTECTION TYPE: SERVICE LINE [ ] FIRE SERVICE LINE [ ] INTERNAL DOMESTIC PLUMBING SYSTEM [X]

Howard W Solomon
SIGNATURE OF CERTIFIED TESTER

PASS [X] FAIL [ ] OTHER [ ]

TEST WITNESSES BY:	REMARKS
WATER WORKS OFFICIAL:	
OWNER AGENT:	
STATE OFFICIAL:	SERVICE RESTORED [X]

CONSTRUCTION PERMIT

Date Issued 10/4/17
Control # C-17-004054
Permit # 17-3298

IDENTIFICATION Block: 552.01 Lot: 18.01 Qualifier
Work Site Location: 2545 HOOPER AVE, Brick Township, NJ
Owner in Fee BOTTAZZI'S REDLION TAVERN INC%02284
1 CVS DRIVE WOONSOCKET RI 02895
Telephone:

Contractor A Action Plumbing
Address 7 EAST STOW ROAD Marlton NJ 08053
Telephone: (856) 985-9909
Lic. No. or Bldrs. Reg. No. 10300 10300 10300
Federal Employee. No. 22-3457434

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
BACKFLOW PREVENTER - CVS ...INSTALL NEW BACKFLOW PREVENTER

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$150
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$152
Check No.	0000996252
Cash	$0
Credit	$0
Collected By	

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $998

D Wiseman Jr. PP 9/14/17
Construction Official Date

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

PLUMBING $150.00
DCA $2.00
CHECK $152.00

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

ASSE International

18927 Hickory Creek Drive, Suite 220
Mokena, Illinois 60448

Ph: 708.995.3019
http://www.asse-plumbing.org

Howard W. Salmon
1213 Tulip Ave
Williamstown, NJ 08094

Certification #: 31111

Congratulations on becoming ASSE Certified!

Attached is your ASSE backflow prevention certification card. Take careful notice of the expiration date on the card; you must renew your certification with ASSE International by that date. Notification will be mailed to you at least 30 days prior to your certification expiration.

Please note that being ASSE Certified does not mean that you are a member of ASSE International. However, if you are not currently a member, we strongly encourage you to join.

As a member of ASSE International, you will belong to an organization represented by all disciplines of the plumbing and mechanical industries, including contractors, engineers, inspectors, journeymen, apprentices, manufacturers, etc. Together you'll form a platform to receive, understand and solve industry problems relating to standards, codes, engineering and business. Our mission is to continually improve the performance, reliability and safety of plumbing and mechanical systems through our professional qualifications standards, professional certification, product performance standards and product listing programs. It is through the support and involvement of ASSE International members that we as an organization can continue to grow and promote the importance of our motto, "Prevention Rather Than Cure."

On a local level, members are able to attend their chapter's monthly meetings, participate in chapter outings, serve on chapter boards and receive local chapter publications. On a national level, members are eligible to participate in national committees, vote at Annual Meetings and receive free subscriptions to ASSE International's publications *(Backflow Prevention & Plumbing Standards (BPPS)* magazine and *eNewsletter)*. Members are also entitled to discounts on publications published by ASSE International and other reciprocating organizations.

Rates are half-price for the first year of new membership. If you would like to become a member today, or if you would like further information about ASSE International, please visit http://www.asse-plumbing.org or call (708) 995-3019.

ASSE International
CERTIFICATION CARD

This card certifies that
Howard W. Salmon
has successfully completed the requirements for
Backflow Protection Assembly Tester

Certification Number: 31111 Expiration: 02/28/2019